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BUREAU OF HEALTH SERVICES
DEPARTMENT OF HEALTH
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Date: Wednesday, March 16, 2005
To: *PTBMIS Codes Manual* Update Group
From: Theresa Lindsey, Interim Bureau Director
Subject: *PTBMIS Codes Manual* Update

The latest changes to the *PTBMIS Codes Manual* are included in this update. These changes have been approved by the Codes and RVU Validation Committee (CRVC) with my endorsement. Please update your manual with these changes.

The latest changes to the manual are shown as described below:

- This cover memo will attempt to explain the changes to each section in such detail as to allow the user to have an understanding of the change to that section. Please insert this cover memo in the front of your *PTBMIS Codes Manual* for future reference.
- Actual changes to the manual are shown with **shaded text**, that is, gray background and black letters. Each time a given page changes, the **shaded text** from previous changes will be replaced with normal text. The “Last Change Date” at the top of each page indicates the last time this page was revised.
- Within a given section, changed or added words will be denoted by **shaded text**.
- Deleted lines or rows in a table will be replaced with the words ‘Service Deleted’ in **shaded text**. At the next change of this page, these lines or rows will be deleted from the section.

- These procedures will replace the need for a “Change Page” at the end of each section of the manual. As sections are changed, existing “Change Pages” for those sections will be removed from the manual.

Please refer to the instructions on the following pages for removing old pages and adding new pages to the *PTBMIS Codes Manual*.

1. Table of Contents	
Remove pages 1-7	Add pages 1-7
2. Section 70 – Communicable Disease	
Remove page 16-18, 25-28	Add page 16-18, 25-28
SECTION	EXPLANATION
70.00	Added delivery of monthly re-supply of TB medication to off-site locations to the existing 99347H, 99348A and 99350A codes. Code 99350H should be used for delivery of monthly re-supply only when additional services over & above DOT/monthly re-supply are provided. Deleted code 3560.
70.140	Added <i>as appropriate</i> to reimbursement column for procedures that can be billed to 3 rd party. Added monthly resupply
70.150	Added <i>as appropriate</i> to reimbursement column for procedures that can be billed to 3 rd party. Added <i>does not start</i> in the first sentence of the comment section.
70.160	Added <i>as appropriate</i> to reimbursement column for procedures that can be billed to 3 rd party.
3. Section 80 – Dental	
Remove pages 1-3	Add pages 1-3, 6
SECTION	EXPLANATION
80.000	Added dental codes definitions
80.010	Removed code 30066, replaced with CPT code D9430, (office visit for observation, no other services performed). Added re-check code 3734.
80.060	Added page for dental field services
4. Section 100 – Family Planning	
Remove pages 3-5, 14, 15, 20-22	Add pages 3-5, 14, 15, 20-22
SECTION	EXPLANATION
100.020	Added referral code 1222. Changed Annual Exam code from V723 to V7231.
100.030	Added referral code 1222. Changed Pap and Gyn exam code from V723 to V7232.
100.120	Added Pregnancy test diagnosis codes (negative or unconfirmed). Rule-out pregnancy code V724 deleted.
100.130	Added Code V2503 for ECP counseling and prescription; Code V7241 pregnancy test (negative); Code V7240 pregnancy test unconfirmed. Rule-out pregnancy code V724 deleted.
100.180	Added referral code 1222. Annual exam code changed from V273 to V2731. Pap & Gyn exam code changed from V723 to V7232.
5. Section 210 – Breast and Cervical Cancer	
Remove pages 2, 3	Add pages 2, 3
SECTION	EXPLANATION
210.010	Gynecological exam code changed from V723 to V7231
6. Section 220 – Vaccines/Immunizations	
Remove pages 6, 11	Add pages 6, 11
SECTION	EXPLANATION
220.050	Flu diagnosis code V048 corrected by adding a 1 (V0481).
220.090	Added Pneumonia vaccine code 78092.
7. Section 230 – Visits	
Remove page 20, 21, 28, 29	Add page 20, 21, 28, 29
SECTION	EXPLANATION
230.190	Added codes range V6540-V6549 to replace code V654 which is obsolete.
230.200	Added codes range V6540-V6549 to replace code V654 which is obsolete.
230.270	Added Pregnancy test diagnosis codes (negative or unconfirmed). Rule-out pregnancy code V724 deleted.
230.280	Added Pregnancy test diagnosis codes (negative or unconfirmed). Rule-out pregnancy code V724 deleted.

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TB Elimination Program Definitions

Last Change Date: 03/16/2005

TB Screening/Skin Testing:

TBS	Screening of individual for TB utilizing TB/LTBI Risk Assessment Tool (RAT), health department or other location.
3734	Skin Test Reading

TB Treatment:

99347H	Directly Observed Therapy (DOT), Health Department or any Location DOT only. Limited contact with patient to provide DOT with assessment for signs and symptoms of toxicity. Performed by Public Health Nurse or other trained health department personnel. Directly Observed Therapy (DOT), Health Department or off-site, OR delivering monthly re-supply to an off-site location (school, plant, etc.). Limited contact with patient to provide medications (DOT or monthly medications) with assessment for signs and symptoms of toxicity; no other services provided. Performed by Public Health Nurse or other trained health department personnel.
99348A	Attempted Visit, Home or any Off Site Location Attempted visit for DOT, delivery of monthly re-supply, contact investigation, follow-up lab work; patient not located or contacted. Performed by Public Health Nurse or other trained health department personnel.
99350H	Follow-up Visit, Home or any Off Site Location - Monthly follow-up visit, interval history, drug monitoring, biochemical monitoring, screening co-existing disease. May include Directly Observed Therapy (DOT) OR delivery of monthly re-supply. May include referrals, review of test results, counseling and education, gathering additional information. Performed by Public Health Nurse or other trained health department personnel.
3734	Recheck, Health Department or Other Location Follow-up visit for TB skin test
3560	Field Service Visit, Off Site (other than Health Department) - Patient has medical record. Limited patient contact to gather information or initiate contact investigation. Performed by Public Health Nurse or Public Health Representative. Number of units should reflect 30 minute increments. (Example: field service visit, 60 minutes equals 2 units).
1516	Case Closure Close out TB case patient. Use with appropriate disposition code.

TB Elimination Program Definitions, Continued

Contact Investigation::

99350H	<p>Contact Investigation, Initial Visit OR Follow-up Visit(s), Any Off Site Location (including jails, prisons, etc.)</p> <p>Initial Visit - Initial contact investigation, conduct initial interview, collect lab work, administer TB skin test, if appropriate. Public Health Nurse or other trained health professional..</p> <p>Follow-upVisit - Monthly follow-up visit, interval history, drug monitoring, biochemical monitoring, screening co-existing disease. May include Directly Observed Therapy (DOT) <u>OR delivery of monthly re-supply</u>. May include referrals, reviews of test results, counseling and education, gathering additional information, Public Health Nurse or other trained health department personnel.</p>
99348A	<p>Attempted Visit, Any Off Site Location</p> <p>Attempted visit for DOT, <u>delivery of monthly re-supply</u>, contact investigation, follow-up lab work; patient not located or contacted. Performed by Public Health Nurse or other trained health department personnel.</p>
3560	<p>Field Service Visit, Off Site (other than Health Department) - Patient has medical record.</p> <p>Gather information from patient or initiate contact investigation. Performed by Public Health Nurse or Public Health Representative. Number of units should reflect 30 minute increments. (Example: field service visit, 60 minutes equals 2 units).</p>

TB Elimination Program Definitions, Continued

Community Site/Targeted Testing:

78059	Community Site - Educational Counseling Visit Preventive education and counseling of individual community, business leaders or groups of clients. May be performed by Public Health Nurse or other trained TB personnel; time spent should be documented in 30 minute increments.
78059TP	Community Site – Total Population Total population of the community site where TB screening, preventive education and tuberculin testing occurs; enter total number of persons in the group, regardless of whether they are individually contacted.
78059SP	Community Site – Total Screened Population Total number of persons screened individually with the TB/LTBI Risk Assessment Tool (RAT).
78059IN	Community Site – Use of Interpreter Number of individuals screened (with TB/LTBI Risk Assessment Tool) in a language other than English; interpreter is used
78059HR	Community Site – High Risk Number of individuals identified as High Risk among those screened with the TB/LBTI Risk Assessment Tool.

70.140 - TB Screening/Skin Testing for Individuals

Last Change Date: 03/16/2005

PROCEDURE	CODE	PRG.	RE	DIAGNOSIS	CODE	QTY
TB Screening	TBS	TB	6	Unspecified Admin Purpose	V689	1
TB Skin Test	86580	TB	As Approp.	TB Skin Test	V741	
TB Skin Test Read	3734	TB	6	TB Skin Test	V741	
Comments: Use of TB/LTBI Risk Assessment Tool to determine whether a patient is at high or low risk of TB infection. High-risk patients will be counseled and offered a TB skin test. Low-risk clients will only be given further counseling or testing when indicated appropriate. See Section 230.330, page 34, for other skin test requirements						
TennCare Advocacy	99401T	TO	6	Same as primary diagnosis OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

70.150 - TB Treatment

Last Change Date: 03/16/2005

PROCEDURE	CODE	PRG.	RE	DIAGNOSIS	CODE	QTY
New Patient	99201 - 99205	TB	As Approp. Pvt. Pay 6 OR Priv. Ins 5XXX OR TNCare AXXX	TB Active * OR	01000-01896	1
Established Patient	99211 - 99215			TB Skin Test Positive OR	V741	
Labs Completed				Positive skin test, NOT a case, Taking INH active TB OR	7955	
Venipuncture (if done)	36415			TB Contact OR	V011	
Lab Handling (if outside lab)	99000			TB Suspect	V712	
X-Ray - See x-ray section of codes list						
DOT only DOT/Monthly re-supply	99347H		6			
Attempted Home Visit	99348A					
***Home Visit/Off Site	99350H					
Drugs – Use pharmacy module						
COMMENTS: Any visit may include DOT. If only DOT is done off-site, use code 99347H. Only code 99350H when additional services over and above DOT/monthly re-supply are provided. If only DOT/monthly re-supply is done off-site, code 99347H.						
* Check ICD-9 codes. *** For home visit change visit setting on encounter to “02 for home”.						

TB Treatment - Continued on Next Page

70.150 - TB Treatment (continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Latent Or Active Cases</u>		TB	6	Unspecified Admin Purpose	V689	1
Case Closure	1516					
COMMENTS: When a patient completes or , leaves, or does not start treatment the case should be closed using the 1516 procedure code and a disposition code. The disposition code should note the reason for the closure and be entered in the disposition field. <						

70.160 - TB - Contact Investigation, Any Site

Last Change Date: 03/16/2005

PROCEDURE	CODE	PRG.	RE	DIAGNOSIS	CODE	QTY
TB Screening	TBS	TB	6	Unspecified Admin Purpose	V689	1
New Patient	99201 - 99205		As Approp. Pvt Pay 6 OR Pvt. Ins. 5XXX OR TNCare AXXX.	TB Contact	V011	
Established Patient	99211 - 99215					
TB Skin Test	86580					
TB Skin Test Read	3734		6			
Counseling (Do not code counseling and a visit.)	99401-99404	TB	6	TB Contact	V011	1
Attempted Visit, Home or Off Site	99348A	TB	6	TB Contact	V011	1
Initial or Follow-up Visit	99350H					
Field Service Visit, Limited	3560					
Comments: Note: Staff may link contact to source case by putting case source patient ID on encounter form and in the note/follow-up field on the encounter screen.						
TennCare Advocacy	99401T	TO	6	Same as primary diagnosis OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

Section 80 - DENTAL

Dental Definitions

Dental Clinical - Provides comprehensive dental care to children and emergency care for adults.

Code D9430 - Office Visit - Observation, no other services performed.

Code 3734 - Re-check - Assess the status of a previously existing condition of an established patient.

Code 78059 - Field Service - Performed by dental clinical staff providing the following services, mass screenings, mass education and health fairs.

80.010 - Dental Clinical

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Diagnostics	D0120 - D0330	DN Or DP*	Pvt Pay - 6	Dental Exam Or As Appropriate	V722	1
Preventive	D1110 - D1351		OR			
Restorative	D2110 - D2954		Pvt Ins - (5XXX)			
Endodontic	D3110 - D3430					
Periodontic	D4210 - D4341					
Removable Prosthetics	D5110 - D5761		OR			
Fixed Prosthetics	D6210 - D6930		TNCare -			
Surgical	D7110 - D7960		(XXXX) ADDS			
Palliative	D9110					
Dental Consultation	30066		OR			
Office Visit (Observation)	D9430		Ryan White -			
Re-Check	3734		(5RWB)			

*DP and payor code 6 is for non-TennCare patients when seen in the mobile or school-transport so that no charge is incurred.

TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis	OR		1
	99402T			Unspecified Administrative Purpose		V589	

COMMENTS:

~~Adult Dental~~ For private pay adults, there is a minimum fee of \$10.00 per visit, to be paid at the time of visit. Before the patient leaves the Health Department, the encounter should be keyed (using the dental procedure(s) with the "A" modifier and **UPDATED - BUT NOT FINALIZED**. If the balance due from the patient for the services received is less than \$10.00, the command "**MINF DN**" (**MINF** space Plg DN code) should be entered, while on the encounter screen. The difference between the patients charge(s) for the day's visit and the \$10.00 minimum will be calculated by the system and applied to the balance due. The "Update Complete" message will be shown and the encounter can then be finalized.

80.010 Dental Clinical Continued on next page

80.010 - Dental Clinical (continued)

Comments:

Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.

Adult Dental - For private pay adults who receive dental services, the appropriate procedure code followed by the "A" modifier must be used. (These modified codes are set up specifically for adult, private pay dental patients and will slide no lower than 25% of the standard fee plus any applicable lab costs.) For private pay adults, there is a minimum fee of \$10.00 per visit, to be paid at the time of visit. Before the patient leaves the Health Department, the encounter should be keyed (using the dental procedure(s) with the "A" modifier) and **UPDATED - BUT NOT FINALIZED**. If the balance due from the patient for the services received is less than \$10.00, the command "**MINF DN**" (MINF space Prg DN code) should be entered while on the encounter screen. The difference between the patients charge(s) for the day's visit and the \$10.00 minimum will be calculated by the system and applied to the balance due. The "Update Complete" message will be shown and the encounter can be finalized.

80.020 - Preventive Services

Last Change Date: 11/02/2001

Deleted

80.030 - Dental Preventive - Field Services

Last Change Date: 11/02/2001

Deleted

80.060 Dental - Field Services

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Service	78059	DP	6	Unspecified Adm Purpose	V689	30 min. increments

100.020 - Exam Visit

Last Change Date:03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit, Age Specific</u>		FP	As Approp	<u>Complete Exam</u>		
New Patient	99383 - 99386			Initial / Annual On OC's	V2501	1
Established Patient	99393 - 99396			Initial / Annual Other Methods	V2502	
*Referral (if made)	1222		6	Unspecified Administrative Purpose	V689	
Lab(s) Completed			As Approp	Annual Exam - Pvt Ins or Health Net	V723 V7231	
Venipuncture (If Done)	36415					
Ear, Finger or Heel Stick	36416					
Lav Handling (If Outside Lab)	99000					
Drugs Dispensed	Use Pharmacy Module					
COMMENTS: *Only use procedure code 1222 (referral) and disposition code BE in the disposition field when a clinical breast exam (CBE) result requires referral.						

Section 100.020 Continued on Next Page

100.020 - EXAM VISIT (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
COMMENTS: Patient is put on table. For Depo Users: if a woman must wait for menses to occur before initial Depo injection , then that initial injection is considered part of the original visit. When menses occur and she returns for initial Depo injection, code a Recheck (3734) Visit, Depo; and injection code 90782.						
Recheck Visit	3734	FP	As Approp			
Lab(s) - Completed						
Drug(s) - use Pharmacy Module						
 If a patient is issued a prescription, purchases Depo and returns for injection, code a recheck visit and injection code 90782. Subsequent quarterly visits for Depo should be coded per Supply Visit Service Section. Do not code condoms. Genprobe done on FP patient is coded FP, not ST. Code vaccines given when FP patient gets immunization(s) during FP visit. When a FP patient has a medical problem (i.e., ear infection) and is referred to Primary Care Clinic during the <u>same day</u> , the Primary Care Visit must be coded to the CH or WH Program and the Other Visit code must have the "25" modifier added. (See VISITS SECTION) FP patients who present for services <u>not related</u> to the FP Program should have services provided coded to the appropriate program. The time a nurse spends entering lab results and doing tracking for pap smears is considered overhead. If FP patient presents for scheduled appointment but practitioner is sick and unavailable (our fault), code a Recheck Visit (3734) and dispense one (1) pack of pills to "hold over" until patient can be seen. If patient runs out of pills because of non-compliance (patient's fault) code a 15 minute counseling visit (99401) and dispense one (1) pack of pills to encourage compliance in the future. If patient has heavy menses and needs HGB check, do not code to FP Program, use CH or WH. If HGB is routinely done during initial exam, then code to FP Program.						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

100.030 - Medical Revisit (Includes Repeat Pap or HPV)

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Other Visit	99211 - 99215	FP	As Approp	<u>Return Visits</u>		1
*Referral (If Made)	1222		6	<u>Unspecified Administrative Purpose</u>	V689	
Lab(S) Completed			As Approp	Pap Only	V762	
Venipuncture (If Done)	36415			Pap & Gyn Exam	V723 V7232	
Ear, Finger Or Heel Stick	36416					
Lab Handling (If Outside Lab)	99000			Breast Check Only	V7610 Or V7619	
Drugs Dispensed	Use Pharmacy Module			Abnormal Pap OR	7950	
<u>FP Supplemental</u>				Other Approp Diagnosis	As Approp	

COMMENTS:

*Only use procedure code 1222 (referral) and disposition code BE in the disposition field when a clinical breast exam (CBE) result requires referral.

Prior authorization needed for treatment if patient has TennCare and Health Department is not the PCP.

For Depo Users: if a woman must wait for menses to occur **before initial Depo injection**, then that initial injection is considered part of the original visit. When menses occur and she returns for initial Depo injection, code a Recheck (3734) Visit, Depo and injection code 90782.

Recheck Visit	3734	FP	As Approp
Lab(s) - Completed			
Drug(s) - use Pharmacy Module			

If a patient is issued a prescription, purchases Depo and returns for injection, code a recheck visit and injection code 90782. **Subsequent quarterly visits for Depo should be coded per Supply Visit Service Section.**

TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	

COMMENTS:

Advocacy may be coded as appropriate. Refer to [TennCare Section](#) to identify activities and services related to TennCare.

100.120 - Pregnancy Test Only

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	FP	As Approp	Pregnancy Test Negative	V7241	1
				Or		
Pregnancy Test	81025			Pregnancy Test Unconfirmed	V7240	
Drug (S) Use Pharmacy Module						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter		1
				OR		
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

100.130 - Emergency Contraceptive Pills

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	FP	As Approp	Rule out Pregnancy ECP encounter for counseling and prescription	V724 V2503	1
Pregnancy Test	81025			Pregnancy test, negative	V7241	
				OR Pregnancy test unconfirmed	V7240	
Drug(s) Dispensed	Use Pharmacy Module					
COMMENTS: If it is determined that an exam is necessary when patient presents for an ECP visit, code the appropriate level Other Visit and leave off the counseling code.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

100.180 - EPSD&T Visit (Done in Conjunction with an FP Visit)

NOTE: FOR TENNCARE PATIENTS ONLY

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
If Family Planning services are provided and all components of an EPSD&T exam are also done						
<u>New Patient, Age Specific</u>		FP	TNCare (AXXX)			1
Age <18	99383 - 99384			Well Child AND One of the below diagnosis	V202	
Age 18, 19, 20	99385			Routine general medical exam AND one of the below diagnosis	V700	
<u>Established Patient, Age Specific</u>						
Age <18	99393 - 99394			Well Child AND One Of The Below Diagnosis	V202	
Age 18, 19, 20	99395			Routine General Medical Exam AND One Of The Below Diagnosis	V700	
Additional Services Performed As Appropriate						
Developmental/ Behavioral Screening	96110	EP	AXXX			1
Hearing Screening	92551					
Vision Screening	99173					
*Referral (if made)	1222		6	Unspecified Administrative Purpose	V689	
Lab(s) Completed				<u>Complete Exam</u>		
Venipuncture, (if done)	36415	FP	TnCare (AXXX)	Initial / Annual on OC's	V2501	1
Ear, Finger or Heel Stick	36416			Initial / Annual / Other Methods	V2502	
				Annual Exam -Pvt Ins Xantus	V273 V2731	
Comments: *Only use procedure code 1222 (referral) and disposition code BE in the disposition field when a clinical breast exam (CBE) result requires referral.						

100.180 - EPSD&T Visit -- Continued on next page

100.180 - EPSD&T Visit (Done in Conjunction with an FP Visit) (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY								
Lab handling (if outside lab)	99000			Return Visits										
Drug(s) Dispensed				Pap only	V762	1								
				Pap & gyn exam	V723 V7232									
				Breast Check Only	V7610 or V7619									
				Abnormal Pap	79500									
Vaccine(s)	See Vaccine Codes	EP	AXXX	As Approp	As Approp	1								
Single Administration	90471													
Multiple Administration (Number Of Shots Over 1)	90472					# imms given over one								
<div>EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT</div> <table><tr><td>* Comprehensive health and developmental history</td><td>* Comprehensive unclothed physical exam</td></tr><tr><td>* Appropriate immunizations</td><td>* Appropriate laboratory tests</td></tr><tr><td>COMMENTS:* Health education</td><td>* Hearing assessment</td></tr><tr><td>* Visual assessment</td><td></td></tr></table>							* Comprehensive health and developmental history	* Comprehensive unclothed physical exam	* Appropriate immunizations	* Appropriate laboratory tests	COMMENTS:* Health education	* Hearing assessment	* Visual assessment	
* Comprehensive health and developmental history	* Comprehensive unclothed physical exam													
* Appropriate immunizations	* Appropriate laboratory tests													
COMMENTS:* Health education	* Hearing assessment													
* Visual assessment														
Vision Screening (99173): When a Physician, Nurse Or Assistant Screens A Child During An EPSD&T Visit For An <u>OBJECTIVE Vision Screen</u> Utilizing A Snellen, Snellen, Tumbling E Chart, Titmus, Photo Screener Or Sure Sight Machine. This Service Should Be Coded Using The 99173 Code. Use This Code In Addition To The EPSD&T Preventative Code When An <u>OBJECTIVE</u> Screening Is Provided To Children At The Ages Of 3, 4, 5, 6, 8, 10, 12, 15, And 18 Years, According To The AAP Periodicity Schedule.														
Hearing Screening (92551): When A Physician, Nurse, Or Nursing Assistant Screens A Child During An EPSD&T Visit For An <u>Objective Hearing Screen</u> Utilizing an Audioscope, Tetratone II Or An Audiometer, This Service Can Be Coded Using The 92551 Code. Use This Code In Addition To The EPSD&T Preventative Code For An <u>OBJECTIVE</u> Screening Provided To Children At The Ages Of 4, 5, 6, 8, 10, 12, 15, And 18 Years, According To The AAP Periodicity Schedule.														
Developmental Behavioral Screening (96110): A Developmental/Behavioral Screening Is To Be Provided At Each EPSD&T Screening Visit, Based On The Age Of The Child/Young Person. The Screening Instrument May Be The Parents Evaluation Of Developmental Status (PEDS), The Pediatric Symptom Checklist (PSC) Or The Adolescent Developmental/Behavioral Questionare.														

100.180 - EPSD&T Visit -- Continued on next page

100.180 - EPSD&T Visit (Done in Conjunction with an FP Visit) (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
COMMENTS: Do not code condoms. Genprobe done on FP patient is coded FP, not ST. Code vaccines given when FP patient gets immunization(s) during FP visit. When a FP patient has a medical problem (i.e., ear infection) and is referred to Primary Care Clinic during the <u>same day</u> , the Primary Care Visit must be coded to the CH or WH Program and the Other Visit code must have the "25" modifier added. (See VISITS SECTION) FP patients who present for services <u>not related</u> to the FP Program should have services provided coded to the appropriate program. The time a nurse spends entering lab results and doing tracking for pap smears is considered overhead. If FP patient presents for scheduled appointment but practitioner is sick and unavailable (our fault), code a Recheck Visit (3734) and dispense one (1) pack of pills to "hold over" until patient can be seen. If patient runs out of pills because of non-compliance (patient's fault) code a 15 minute counseling visit (99401) and dispense one (1) pack of pills to encourage compliance in the future. If patient has heavy menses and needs HGB check, do not code to FP Program, use CH or WH. If HGB is routinely done during initial exam, then code to FP Program.						
TennCare Advocacy	99401T	TO	6	Primary diagnosis from encounter		1
	99402T			unspecified administrative purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

210.010 - Screening Visit for Breast & Cervical Cancer

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>BCS Case Management</u>		BCS	6	Unspecified Administrative Purpose	V689	1
New Enrollment For BCS	99080A*					
Referral Reports And Documentation	99080B**					
<u>Preventive Visit Age Specific</u>			As Approp	Gynecological Exam	V723 V7231	1
New Patient	99386 - 99387					
Established Patient	99396 - 99397					
<u>Pap Smear</u>						
Sent To Pathnet	88164					
Lab Handling (If Outside Lab)	99000					
COMMENTS:						

210.010 - Screening Visit for Breast & Cervical Cancer- Continued on next page

210.010 - Screening Visit for Breast & Cervical Cancer - Continued

Women must be 40 years of age or older and meet the general eligibility guidelines for the program. Screening services including office visits and lab tests will not be covered by TBCCEDP for women under 40. These services for women younger than 40 must be coded to FP, WH, or CH depending on the age and/or eligibility status of the woman.

TBCCEDP covers services for eligible women including office visits, Pap tests, colposcopies, mammograms and other diagnostic procedures listed on the reimbursement schedule.

The program cannot pay for treatment; women who are diagnosed with breast or cervical cancer are referred to TennCare as presumptive eligible women with full Medicaid coverage for 45 days. See Section 180 (TennCare Presumptive Eligible Enrollment) for coding Presumptive Eligibility Enrollment. Other gynecological cancers are not covered by this Medicaid category.

* Code 99080A should only be used one time.

** Code 99080B requires documentation by the nurse in the patient record and can be used more than one time. See Program Guidelines)

TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	

COMMENTS: Advocacy may be coded as appropriate. See [TennCare Section](#) to identify activities and services related to TennCare.

210.020 Colposcopy Dysplasia Clinic Visit

220.050 - Injection Codes

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>ON-SITE CLINIC INDIVIDUAL PATIENT</u> <u>"L" REGISTRATION (LONG) (HAS MEDICAL RECORD)</u>		CH OR MH OR MH	As Approp	FLU	V048 V0481	1
Flu Injection*	90782F					
Pneumonia Injection	90782P			PNE	V039	
Injection of Drug, Antibiotic, etc.	90782			As Approp	As Approp	
COMMENTS: ● * Flu shots for children (FLB & FLC) should be coded the same as any other childhood immunization using administration code 90471 instead of injection code 90782F						
TennCare Advocacy	99401T	TO	6	May use primary diagnosis for encounter OR		1
	99402T			Unspecified administrative purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

220.090 - Vaccine Codes for Mass Immunization Clinics

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Flu (Black)	78088B	OR WH OR MH OR As Approp	As Approp	As Approp	As Approp.	# Of Imms Given
Flu (White)	78088W					
Flu (All Other Races)	78088A					
Hepatitis A	78089					
Hepatitis B	78094					
Hepatitis B -- No Charge (Adult)	78094NC					
Hepatitis B (Pediatric And Adolescent)	78082					
Pneumonia	78092					
MMR	78093					
Tetanus Dipththeria	78095					
OPV	78096					
DTAP	78098					
CPX	78083					
STP	78086					
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.190 - Mass Screening / Education - No Charge

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Service (Audit, Contact, Mass Screening / Mass Education)		CH OR MH OR WH OR HP	6	As Approp OR	V654 V6540- V6549	# 30 Min Incs
"C" Registration (Community Service) (Has No Medical Record)	78059			General Nutrition	V653	
"L" Registration (Long) (Has Medical Record)	3560					
COMMENTS: During a mass screening, if <u>multiple</u> providers see the <u>same</u> patient, only the highest level provider codes the encounter. If <u>each</u> provider does <u>individual</u> screening, then each provider should code on the encounter showing their time in 30 minute increments. If multiple presenters provide mass education, each should code their specific presentation time. If multiple providers share responsibility for mass education but work separately to provide a specific service, i.e., CPR class divided into groups, each provider should code a line on the encounter showing time spent in 30 minute increments in the QTY column and the number of people trained in the margin. Both 78059 and 3560 have the same description and should be coded in 30 minute increments in the QTY column on the encounter form. On the encounter form, write the number of participants in the group in the mile column beside the line your code is on. Person who keys encounter will key number of participants on the EN Screen in the MILE column. If more than one of the same service is provided in one day, show TOTAL time spent in QTY column and GRAND TOTAL of participants served in the <u>mile</u> column on the encounter form. <u>If at least one of the group participants is female, use the WH Program Code.</u>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.200 - Education / Contract Services @ \$1.00 Per Unit

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Education / Contract Services (\$1.00 Per Unit)</u>		HP	6	As Approp	V654	# Units
"C" Registration (Community Service) (Has No Medical Record)	78085			Health Related Issues OR	V653 V6540- V6549	
				General Nutrition OR		
"L" Registration (Long) (Has Medical Record)	10299			General Nutrition	V563	
COMMENTS: Code Education/Contract services \$1.00 per unit, <u>in addition</u> to appropriate procedure code for the group session when a fee for service needs to be generated. Show number of <u>units</u> in QTY column to equal total contracted fee (i.e., \$100 contracted fee, show 100 in QTY column.)						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.270 - Pregnancy Test Only (Not Part of Another Visit)

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	CH OR WH	As Approp.	rule out pregnancy	V724	1
				Pregnancy Test, Negative	V7241	
Pregnancy Test	81025			OR		
				Pregnancy Test, Unconfirmed	V7240	
Drug(s) - Use Pharmacy Module						
COMMENTS: CH is age 0 up to 21. At age 21, code WH, Women's Health. For pregnancy test done on active Family Planning Patients use Program Code FP. If positive for pregnancy, and patient uninsured, see Presumptive Eligibility (Section 180.010). Consider referral to WIC and HUG Programs.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.280 - Pregnancy Test - WIC (Presents for WIC - No Proof of Pregnancy - Not Obviously Pregnant)

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	CH OR WH	As Approp	Rule Out Pregnancy	V724	1
				Pregnancy Test, Negative	V7241	
Pregnancy Test	81025			OR		
				Pregnancy Test, Unconfirmed	V7240	
Drug(s) - Use Pharmacy Module						
COMMENTS: If a woman presents seeking WIC services as a prenatal without written proof of pregnancy who is not obviously pregnant, a pregnancy test must be done to confirm pregnancy for admission to the WIC Program. The appropriate level counseling code and a pregnancy test will be coded using Program Code CH or WH.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter		1
	99402T			OR		
				Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						